UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/1997/4
4 November 1996

ORIGINAL: ENGLISH

First regular session 1997
13-17 January 1997, New York
Item 6 of the provisional agenda
UNDP

COUNTRY COOPERATION FRAMEWORKS AND RELATED MATTERS

Assistance to Myanmar

Note by the Administrator

SUMMARY

In reporting on activities for assistance undertaken in Myanmar since the adoption of Executive Board decision 96/1 of January 1996, the Administrator notes that (a) the first phase of the Human Development Initiative (HDI) has been completed in conformity with Governing Council decision 93/21 and (b) preparations have been completed and implementation activities initiated on the HDI-Extension (HDI-E). An independent HDI assessment mission of 13-30 September 1996 found that HDI had in large measure met its objectives and that HDI-E incorporates lessons learned from HDI (1994-1996).

96-30428 (E) 031296

/...

I. PURPOSE

1. In response to Executive Board decision 96/1, the present report contains an assessment of the extent to which the assistance provided to Myanmar continues to meet the provisions of present Executive Board decisions, including Governing Council decision 93/21. In so doing, it takes into account the major findings and conclusions of the recent assessment mission (13-30 September 1996) that reviewed project activities undertaken within the framework of the Human Development Initiative (HDI).

II. INTRODUCTION

2. There were two main developments in the activities for assistance to Myanmar in 1996: (a) the HDI (1994-1996), which consisted of 15 projects, was completed and (b) preparations were completed and activities were initiated on the extension of the Human Development Initiative (HDI-E) - 10 projects were developed in strict conformity with Executive Board decision 96/1. These projects, formulated through an extensive consultation process with representative community-based organizations, civil society organizations, non-governmental organizations (NGOs) and United Nations executing agencies, were approved by the Administrator in July 1996. Implementation of project activities was initiated in October 1996.

3. An independent team of senior experts which formed the HDI assessment mission, was fielded in September 1996 to assess these developments and to ensure compliance with Executive Board decision 96/1. The team examined in particular, the procedural and organizational arrangements as well as the monitoring and assessment mechanisms for HDI as a whole and for the 10 projects individually. The contents of the present report are largely guided by the findings of the team, which were that in great measure HDI had met its objectives and that HDI-E incorporates lessons learned from HDI (1994-1996).

4. It should be noted that other reviews and evaluations have been carried out at the sectoral level. A review of HDI activities in the education sector was undertaken by the United Nations Educational, Scientific and Cultural Organization in September 1995 and an evaluation of the primary health-care project was carried out by the World Health Organization in April 1996. An operational review of the HIV/AIDS project was undertaken during September 1996 by an international group of consultants in collaboration with the Joint United Nations Programme on HIV/AIDS and relevant technical agencies. In addition, the HDI-E formulation process was assisted by three missions of international consultants - one for HDI-E as a whole and two for specific projects. The continuing review and assessment process at the project level offers many new insights into project development and implementation.

III. ACTIVITIES CARRIED OUT UNDER THE HDI (1994-1996)

5. HDI (1994-1996), which consisted of 15 projects, was completed by September 1996. Of these, 10 projects undertook activities primarily in

7 priority townships in the central Dry Zone, the southern Shan State and the Ayeyarwaddy Delta. Two quick impact projects (QIPS) were undertaken in seven remote areas in the Chin and Rakhine States. In addition, there were two umbrella projects - one for overall HDI support and common services and the other for community training. An HIV/AIDS project also provided nationwide coverage. As required by Executive Board decision 96/1, all these projects were formulated and implemented in conformity with Governing Council decision 93/21, from which three overall objectives of HDI flow: (a) direct impact, through improvements in community welfare; (b) indirect impact, through the introduction of participatory development approaches; and (c) indirect impact, through capacity-building at the level of local communities and support groups. These objectives were largely achieved and activities have been implemented for the benefit of all the peoples of Myanmar.

6. There is significant potential for increasing participatory community development at the local level by overcoming institutional and policy constraints. HDI has been able to carry forward the development strategy, focused at the grass-roots level, as mandated by the Executive Board. The overall achievements of the HDI projects can be clearly seen, particularly in the improvements in water and sanitation facilities, renovated schools and improved education materials, and the distribution of basic medical supplies. Revolving funds and income-generating activities have had a tangible impact on people's welfare at the village level through the increased production of crops, livestock, and other agricultural activities that are contributing to better food security. Longer-term benefits will be felt through reforestation efforts, improved energy-saving stoves, and the rehabilitation of the habitat (e.g. mangrove areas and watershed areas).

7. Health workers. Local capacities have significantly increased through the development of human resources. There are now, for example, better-trained primary health workers (1,700 community development health workers, more than 2,000 nurses, 1,000 voluntary health workers) in community-based rehabilitation activities for leprosy patients, in malaria detection and control, in expanding immunization coverage, and in HIV/AIDS surveillance. Thanks to these health workers, improvements have been made in the early diagnosis and management of malaria and in the improved detection of leprosy patients followed by community-based rehabilitation. This in turn has contributed significantly to declines in the incidence of these diseases. HIV/AIDS project activities have led to improved community understanding and awareness of this epidemic.

8. Water supply and sanitation. Important results have been achieved in mobilizing local communities to address their water and sanitation problems. A total of 735 water supply projects at the village level have been completed, benefiting 450,000 people. Some 55,000 latrines benefitting 275,000 people have been erected. New, low-cost technologies for water and sanitation have been transferred to a large number of villages.

9. Education. Project activities in primary education in selected townships have led to improvements in the quality of education and in school attendance. A training package developed for primary schoolteachers has been used to train 535 head teachers and 5,335 primary teachers in teaching techniques. A total of 1,218 primary schools were renovated through the mobilization of local community

support and project assistance. These renovations covered 80 per cent of the primary schools in the seven selected townships. Water and sanitation improvements were effected in nearly 1,000 schools. Primary schools themselves made 4,600 green boards, using materials provided by the HDI projects. In addition, 953,000 copies of textbooks, 50,000 dozen pencils, 118,000 copies of exercise books, 1,500 sets of alphabet and number charts and 1,450 maps of Myanmar were distributed to primary schools in the project townships.

10. In addition, in the Rakhine and Chin States, two integrated QIPS projects focused, among other things, on improving the quality of the physical infrastructure of schools (230 primary schools) and the quality of education through the training of teachers. Approximately 20,000 primary school students were provided with educational materials, stationery and other school supplies. Special attention also was paid in these States to improving health conditions, primarily through the provision of essential drugs and training of basic health workers.

11. Several projects focused their activities in addressing the problems of poverty and environmental degradation and food security. As a result, community capacities for better management of forestry and natural resources in the Dry Zone and southern Shan State have been improved. Steps have been taken towards creating or strengthening income-generating groups, especially through the provision of local micro-credit facilities. Forest nurseries have been established and project activities have stimulated the transfer of public forest lands to village committees and user groups. More than 300,000 soil-erosion control bunds were constructed by farmers as part of a soil-conservation strategy. Training in improved farming techniques, horticulture, livestock, fishery, and woodlots planting have been imparted through HDI projects. In the mountainous Shan State, special emphasis was placed on watershed-management practices and about 6,000 acres of degraded land have been planted with fuelwood and timber for local communities. In the Ayeyarwaddy Delta, where mangroves are facing an environmental crisis, 6.4 million mangrove and forest seedlings were planted by villagers to protect the riverbanks and to regenerate natural mangroves. Villagers have been trained in important aspects of mangrove ecology and in sustainable practices to utilize the resources of these mangroves.

12. HDI-E must now consolidate and build on the achievements of the HDI to ensure the sustainability of the immediate positive impact described above. This is particularly true for the QIPS projects given the quick delivery strategy employed up to now. A more integrated, structured project approach has been adopted for the QIPS projects in HDI-E.

13. The socio-economic and biophysical database has been improved significantly through special studies and surveys to enable the identification of pockets of extreme poverty within deprived areas for future project interventions. In the future, the data will be used to improve project planning.

14. Participatory approaches for decision-making and implementation at the community level have been particularly effective and have taken root among the target communities; they do, however, differ in degree from one project township to another. Some of the community-development strategies and processes used and presently working in several project areas can readily be replicated in other

regions (e.g. community fishponds, community learning centres); others, however, still need time to prove their sustainability before replication.

IV. HDI-EXTENSION (1996-1998)

15. HDI-E and the 10 individual projects that constitute it have been conceived and developed in conformity with the overall framework and outlines of individual projects described in the report of the Administrator on assistance to Myanmar (DP/1996/4). Every effort has been made to ensure that HDI-E conforms strictly to Executive Board decision 96/1, particularly through the incorporation of monitoring and assessment procedures at the design and strategy level. HDI-E comprises three clusters of projects: human development and humanitarian needs; environment and food security; and three intersectoral projects. An HDI support project under the intersectoral cluster is aimed particularly at improving the management, organization, monitoring and evaluation practices of HDI-E. In developing these projects, emphasis was placed on several elements that should improve community-based participatory approaches at the grass-roots level.

16. The planning process is well defined and follows a logical sequence to ensure priority to poor, disadvantaged, vulnerable and at-risk groups; more intensive beneficiary participation; integration of interventions; and better grass-roots impact measurement via systematic monitoring and evaluation. Additional human resources such as community development workers, township-level sectoral specialists and human development officers will provide the capacity required to identify critical humanitarian needs and to enhance impact at the grass-roots level in a sustainable manner.

17. From the outset, cross-fertilization among the various HDI-E projects at all levels will be incorporated in the project structures and will include the sharing of experiences, working approaches and methodologies, and the use of information, education and communication materials. In this context, particular attention will be paid to similar interaction between HDI-E project staff and staff contracted from civil society organizations.

18. NGOs, both international and national, play a crucial role in facilitating the formation of community-based organizations in a participatory approach. For HDI-E, greater efforts will be directed to improving mechanisms for cooperation with NGOs. Guidelines on cost-effectiveness, transfer of know-how for local capacity-building, cultural adjustments and coordination processes will be improved and agreed upon at an early stage of HDI-E implementation.

19. A baseline survey is under way that will facilitate monitoring and evaluation of the HDI at different stages. Special studies to examine human development issues will be undertaken at different stages of the projects, thus leading to a continuous learning process.

20. The degree of participation of village communities in the work of the HDI has increased very significantly - to the point where there is ownership of project activities by the communities in many cases. However, while a sustainable development process has been initiated in the Rakhine and Chin

States under the QIPS projects, extra effort will be required in these border States, given their particularly weak physical infrastructure and especially low human development.

21. Regular monitoring at the project level will continue to be the responsibility of the United Nations executing agencies concerned: the agencies carry out this responsibility primarily with the support of internationally recruited chief technical advisers for all projects. At the township level, human development officers, recruited directly under the HDI support project, will provide monitoring and feedback services, which are to be reinforced at the community level by community development workers, also recruited directly by the HDI support project. In addition to the strengthened systematic monitoring by the UNDP country office, one of the six components of the HDI support project focuses on HDI-E monitoring and evaluation. This will be facilitated by two full-time international monitoring and evaluation officers based in Yangon. Thus, adequate human resources and effective procedures are being put into place to ensure that HDI-E goals will be achieved, and in particular that the needs of the poorest will be met, as foreseen, without exclusion or discrimination.

V. CONCLUSION

22. The HDI assessment mission confirmed that the HDI-E projects have been designed in accordance with Executive Board decision 96/1. The HDI-E project documents, the strategies envisioned and the detailed preparatory activities have incorporated the lessons learned under HDI and should therefore be indeed able to consolidate and advance the grass-roots development process in the selected townships.